

SUPPLEMENTAL BILLING REQUEST

Complete in accordance with Instructions for Completing Billing Information on the Vocational Rehabilitation Plan form when additional funds are needed to complete an existing plan. If there are changes to the Type of Plan, Training/Vocational Goal, or length of the plan another Vocational Rehabilitation Plan must be submitted.

Employee Name: _____ Date of Request: _____

Reason for Request:

A. TUITION & FEES: \$ _____ Start Date: _____ End Date: _____

Authorize to: _____

Address: _____

City: _____ State: _____ ZIP: _____

B. REQUIRED BOOKS: \$ _____ Start Date: _____ End Date: _____

Authorize to: _____

Address: _____

City: _____ State: _____ ZIP: _____

C. GENERAL SUPPLIES: \$ _____ Start Date: _____ End Date: _____

Authorize to: _____

Address: _____

City: _____ State: _____ ZIP: _____

D. REQUIRED SUPPLIES: \$ _____ Start Date: _____ End Date: _____

Authorize to: _____

Address: _____

City: _____ State: _____ ZIP: _____

E. SPECIAL FEES: \$ _____ Start Date: _____ End Date: _____

Authorize to: _____

Address: _____

City: _____ State: _____ ZIP: _____

F. TUTOR INFORMATION & FEES: Start Date: _____ End Date: _____

Hourly Rate: \$ _____ x Hours Per Day: _____ x Days Per Week: _____ x Number of Weeks: _____ = **Total:** \$ _____

Authorize to: _____ SSN/FEIN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Requested by: _____ Approved by: _____ Date: _____
Vocational Rehabilitation Counselor/ Certification # WCC Vocational Rehabilitation Specialist